

GENERAL

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals completing Federal employment application forms.

AUTHORITY

Sections 1302, 3301, and 3304 of Title 5 of the United States Code give the U.S. Civil Service Commission the authority to recruit, examine, and evaluate applicants' qualifications for employment in the Federal service. Use of the employment application forms is necessary for performing these functions.

PURPOSES AND USES

The principal purpose of employment application forms is to collect information needed to determine qualifications, suitability, and availability of applicants for Federal employment and of current Federal employees for reassignment, reinstatement, transfer, or promotion. Your completed application may be used to examine, rate, and/or assess your qualifications; to determine if you are entitled under certain laws and regulations such as Veterans Preference, and restrictions based on citizenship, members of family already employed, and residence requirements; and to contact you concerning availability and/or an interview. All or part of your completed Federal employment application form may be disclosed outside the U.S. Civil Service Commission to:

1. Federal agencies upon request for a list of eligibles to consider for appointment, reassignment, reinstatement, transfer, or promotion.

(2)

2. State and local Government agencies under the Inter-governmental Personnel Act terms if you have expressed an interest in and availability for such employment consideration.
3. Federal agency investigators to determine your suitability for Federal employment.
4. Federal, State, or local agencies to create other personnel records after you have been appointed.
5. Appropriate Federal, State, or local law enforcement agencies charged with the responsibility of investigating a violation or potential violation of the law.
6. Appropriate Federal, State, or local agencies maintaining records on you to obtain information relevant to an agency decision about you.
7. A requesting Federal, State, or local agency to the extent the information is relevant to the requesting agency's decision.
8. Federal agency selecting officials involved with internal personnel management functions.
9. Your college or university placement offices if you are appointed to a career position in some occupations at certain grade levels.
10. Anyone requesting statistical information (without your personal identification) under the Freedom of Information Act.

EFFECTS OF NONDISCLOSURE

Because the employment application forms request both optional (other skills, training, etc.) and mandatory (qualifications and biographical, etc.) data, it is in your best interest to answer all questions. Omission of an item means you might not receive full consideration for a position in which this information is needed. A false answer to a question in the employment application may be grounds for not employing you, or for dismissing you after you begin work, and may be punishable by fine or imprisonment (U.S. Code, title 18, section 1091). All statements are subject to investigation, including a check of your fingerprints, police records, and former employers. All information you give will be used in your statement. In

(3)

addition to the penalties described above, a false answer to questions relating to membership in the Communist Party, U.S.A., could deprive you of your right to an annuity when you reach retirement age.

INFORMATION REGARDING DISCLOSURE OF YOUR SOCIAL SECURITY
NUMBER UNDER PUBLIC LAW 93-579 SECTION 7(b), IF APPLICABLE

Disclosure by you of your Social Security Number (SSN) is mandatory to obtain the services, benefits, or processes that you are seeking. Solicitation of the SSN by the United States Civil Service Commission is authorized under provisions of Executive Order 9397, dated November 22, 1943. The SSN is used as an identifier throughout your Federal career from the time of application through retirement. It will be used primarily to identify your records that you file with the Civil Service Commission or agencies. The SSN also will be used by the Civil Service Commission and other Federal agencies in connection with lawful requests for information about you from your former employers, educational institutions, and financial or other organizations. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems of records. The SSN also will be used for the selection of persons to be included in statistical studies of personnel management matters. The use of the SSN is made necessary because of the large number of present and former Federal employees and applicants who have identical names and birth dates, and whose identities can only be distinguished by the SSN.

SPECIAL INSTRUCTIONS

1. PERSONAL HISTORY STATEMENTS

Complete and return one (1) copy of the Statement of Personal History. It must be signed and witnessed. The second copy may be used as a worksheet and retained for your own records.

2. SUPPLEMENT TO STATEMENT OF PERSONAL HISTORY

STAT
Complete and return one (1) copy of []
[] Supplement to Statement of Personal History. It must be signed and witnessed. The second copy may be used as a worksheet and retained for your own records.

3. MEDICAL RECORD

This form is to be completed by YOU. It does NOT require a physician's statement.

4. COLLEGE TRANSCRIPT

If you have not been instructed otherwise, please include one (1) copy of your college transcript. (including graduate work, if appropriate) If you are enrolled in courses which do not appear on the transcript, please list these courses and attach the list to the transcript. If a transcript will be forwarded later, please indicate the approximate date.

INSTRUCTIONS: Read the certification at the end of this questionnaire before entering the required data. Print or type all answers. All questions and statements must be completed. If the answer is "None," so state. Do not misstate or omit material fact since the statements made herein are subject to verification. If more space is needed, use the Remarks section, item 20, and attach additional sheets if necessary. The information entered hereon is for official use only and will be maintained in confidence.

[illegible]

19. ARE THERE ANY INCIDENTS IN YOUR LIFE (A) MENTIONED ABOVE OR (B) WHICH REFLECT QUESTIONED LOYALTY TO THE UNITED STATES OR UPON YOUR SUITABILITY TO PERFORM THE DUTIES WHICH YOU MAY BE CALLED UPON TO TAKE OR WHICH MIGHT REQUIRE FURTHER EXPLANATION? YES ☐ NO ☐ DETAILS

20. REMARKS

I CERTIFY THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR BOTH (See U. S. Code, title 18, section 1001)

DATE

SIGNATURE OF PERSON COMPLETING FORM

TYPED NAME AND ADDRESS OF WITNESS

SIGNATURE OF WITNESS

21.

THIS SECTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION

BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (top secret, secret, etc.) TO WHICH APPLICANT WILL REQUIRE ACCESS

RECORD OF PRIOR CLEARANCES

DATE OF CLEARANCE	TYPE OF CLEARANCE	AGENCY THAT COMPLETED INVESTIGATION

REMARKS

[illegible]

15

PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATIONS

[illegible]

17

YES	NO	
		ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U. S. A., OR ANY COMMUNIST ORGANIZATIONS ANYWHERE?
		ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?
		ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR WHICH HAS ADOPTED THE POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?
		ARE YOU NOW OR HAVE YOU EVER BEEN AFFILIATED OR ASSOCIATED WITH ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE AS AN AGENT, OFFICIAL, OR EMPLOYEE?
		ARE YOU NOW ASSOCIATING WITH, OR HAVE YOU ASSOCIATED WITH ANY INDIVIDUALS, INCLUDING RELATIVES, WHO YOU KNOW OR HAVE REASON TO BELIEVE, ARE OR HAVE BEEN MEMBERS OF ANY OF THE ORGANIZATIONS IDENTIFIED ABOVE?
		HAVE YOU EVER ENGAGED IN ANY OF THE FOLLOWING ACTIVITIES OF ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE: CONTRIBUTION(S) TO, ATTENDANCE AT OR PARTICIPATION IN ANY ORGANIZATIONAL, SOCIAL, OR OTHER ACTIVITIES OF SAID ORGANIZATIONS OR OF ANY PROJECTS SPONSORED BY THEM; THE SALE, GIFT, OR DISTRIBUTION OF ANY WRITTEN, PRINTED, OR OTHER MATTER, PREPARED, REPRODUCED, OR PUBLISHED, BY THEM OR ANY OF THEIR AGENTS OR INSTRUMENTALITIES?

IF "YES," DESCRIBE THE CIRCUMSTANCES. ATTACH ADDITIONAL SHEETS FOR A FULL DETAILED STATEMENT. IF ASSOCIATED WITH ANY OF THE ABOVE ORGANIZATIONS, SPECIFY NATURE AND EXTENT OF ASSOCIATION WITH EACH, INCLUDING OFFICE OR POSITION HELD, ALSO INCLUDE DATES, PLACES, AND CREDENTIALS NOW OR FORMERLY HELD. IF ASSOCIATIONS HAVE BEEN WITH INDIVIDUALS WHO ARE MEMBERS OF THE ABOVE ORGANIZATIONS, THEN LIST THE INDIVIDUALS AND THE ORGANIZATIONS WITH WHICH THEY WERE OR ARE AFFILIATED.

18 HAVE YOU EVER BEEN DETAINED, HELD, ARRESTED, INDICTED OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE (excluding minor traffic violations for which a fine or forfeiture of \$25, or less was imposed)? INCLUDE ALL COURT MARTIALS WHILE IN MILITARY SERVICE. ☐ YES ☐ NO IF "YES," LIST THE DATE, THE NATURE OF THE OFFENSE OR VIOLATION, THE NAME AND LOCATION OF THE COURT OR PLACE OF HEARING, AND THE PENALTY IMPOSED OR OTHER DISPOSITION OF EACH CASE.

[illegible]

STAT

[REDACTED] SUPPLEMENT TO DD FORM 398
STATEMENT OF PERSONAL HISTORY

- Instructions: 1. Print or type all answers.
2. All questions and statements must be completed.
3. If proper answer is "no", "none" or "not applicable", so indicate.
4. If more space is required use remarks section of SPH.

14A. SOCIAL REFERENCES (List the names of five references whom you know socially)

NAME	YEARS KNOWN	STREET AND NUMBER	CITY	STATE

15. DATE AND PLACE OF MARRIAGE (Indicate separation or divorce if applicable)

16. NAME OF ANY GOVERNMENT AGENCY OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1940

I place my signature below in certification that the information contained herein is the truth to the best of my knowledge and belief and I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment. (See U. S. Code, Title 18, Section 1001)

Signature of Person Completing Form

Date

Signature of Witness

Date

STAT

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME				2. SOCIAL SECURITY OR IDENTIFICATION NO.			
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE)				4. POSITION (Title, grade, component)			
5. PURPOSE OF EXAMINATION		6. DATE OF EXAMINATION		7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code)			
8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)							
9. HAVE YOU EVER (Please check each item)						10. DO YOU (Please check each item)	
YES	NO	(Check each item)				YES	NO
		Lived with anyone who had tuberculosis					Wear glasses or contact lenses
		Coughed up blood					Have vision in both eyes
		Bled excessively after injury or tooth extraction					Wear a hearing aid
		Attempted suicide					Stutter or stammer habitually
		Been a sleepwalker					Wear a brace or back support
11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)							
YES	NO	DON'T KNOW	(Check each item)		YES	NO	DON'T KNOW
			Scarlet fever, erysipelas				"Trick" or locked knee
			Rheumatic fever				Foot trouble
			Swollen or painful joints				Neuritis
			Frequent or severe headache				Paralysis (include infantile)
			Dizziness or fainting spells				Epilepsy or fits
			Eye trouble				Car, train, sea or air sickness
			Ear, nose, or throat trouble				Frequent trouble sleeping
			Hearing loss				Depression or excessive worry
			Chronic or frequent colds				Loss of memory or amnesia
			Severe tooth or gum trouble				Nervous trouble of any sort
			Sinusitis				Periods of unconsciousness
			Hay Fever				
			Head Injury				
			Skin diseases				
			Thyroid trouble				
			Tuberculosis				
			Asthma				
			Shortness of breath				
			Pain or pressure in chest				
			Chronic cough				
			Palpitation or pounding heart				
			Heart trouble				
			High or low blood pressure				
13. WHAT IS YOUR USUAL OCCUPATION?					14. ARE YOU (Check one)		
					<input type="checkbox"/> Right handed <input type="checkbox"/> Left handed		

YES		NO		CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE RECORDED IN SUMMARY SHEET. LEAVE SPACE ON RIGHT	
				15. Have you been refused employment or been unable to hold a job or stay in school because of:	
				A. Sensitivity to chemicals, dust, sunlight, etc.	
				B. Inability to perform certain motions.	
				C. Inability to assume certain positions.	
				D. Other medical reasons (If yes, give reasons.)	
				16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)	
				17. Have you ever been denied life insurance? (If yes, state reason and give details.)	
				18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)	
				19. Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)	
				20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)	
				21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)	
				22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)	
				23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)	
				24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)	
<p>I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.</p> <p>I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.</p>					
TYPED OR PRINTED NAME OF EXAMINEE				SIGNATURE	
<p>NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."</p> <p>25. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)</p>					
TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER				DATE	SIGNATURE
<p style="text-align: center;">Approved For Release 2003/01/27 : CIA-RDP81-00261R000500060035-7</p>				NUMBER OF ATTACHED SHEETS	

Date: _____

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

This signed release, or a certified true copy of it, will authorize you to release to the bearer, a duly authorized representative of the U.S. Government, any information in your files pertaining to my educational record, employment record, police record, or credit record. This authorization is given to you to support my application for employment with the United States Government. Should there be any question as to the validity of this release, you may contact me as indicated below.

(SIGNATURE)

(TYPED OR PRINTED NAME)

(ADDRESS)

(TELEPHONE NUMBER)



STANDARD FORM 171

Approved For Release 2003/01/27 : CIA-RDP81-00261R000500060035-7

PERSONAL QUALIFICATIONS STATEMENT



IMPORTANT

READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE FILLING OUT YOUR STATEMENT

All requested information must be furnished. The information you give will be used to determine your qualifications for employment.

It is **IMPORTANT** that you answer all questions on your Statement *fully and accurately*; failure to do so may delay its consideration and could mean loss of employment opportunities.

If an item does not apply to you, or if there is no information to be given, please write in the letters "N.A." for Not Applicable.

GENERAL INSTRUCTIONS

- Use typewriter if available. Otherwise, write legibly or print clearly in dark ink.
- If you are applying for a specific civil service examination, follow exactly the directions in the examination announcement as well as the instructions for filling out this form.
- For a written examination, the admission card tells you what to do with this Statement.
- If the examination involves no written test, mail this Statement to the office named in the examination announcement. Be sure to mail to the same office any other forms required in the announcement.
- Notify the office with which you file this Statement of any change in your name or address.

INSTRUCTION RELATING TO SPECIFIC ITEMS

ITEM 13. LOWEST GRADE OR SALARY

- Enter the lowest grade OR the lowest salary you will accept. You

will not be considered for any lower grade or salary; you *will* be considered for higher grades or salary. If you enter grade, do not enter salary.

ITEM 19. ACTIVE MILITARY SERVICE AND VETERAN PREFERENCE

- Five-point preference is granted to veterans if they are honorably separated from the armed forces; (a) after active duty during the periods April 6, 1917, to July 2, 1921, or December 7, 1941, to July 1, 1955; (b) after more than 180 consecutive days of active duty after January 31, 1955 (not counting service under an initial period of active duty for training under the "6-month" Reserve or National Guard programs); or (c) after service in a campaign for which a campaign badge has been authorized.
- If you claim five-point preference, you are not required to furnish records to support your claim until the time of appointment.
- Ten-point preference is granted in some cases to disabled veterans, including veterans awarded the Purple Heart, to widows of veterans, to wives of disabled veterans, and to mothers of deceased or disabled veterans. See Standard Form 15, Claim for 10-Point Veteran Preference.
- If you claim ten-point preference, complete Standard Form 15 and attach it, together with the proof called for in that form, to this Statement.

ITEM 20. EXPERIENCE

- Take time to fill in these experience blocks carefully and completely. Your qualifications rating depends in a large part on your experience and employment history. *Failure to give complete details may delay consideration of your Statement.* Answers given in this item may be verified with former employers.
- When the block contains experience in more than one type of work (examples: carpentry and painting, or personnel and budget) estimate and indicate the approximate percentage of time spent in each type of work. Place these percentages in parentheses at the end of the description of the duties.

PLEASE READ ADDITIONAL INSTRUCTIONS ON BACK OF THIS SHEET

ITEM 20. EXPERIENCE—(Continued)

- *Block 1*—Describe your present position in this block. Indicate in this block if you are now unemployed or have been laid off, but were employed.
- *Blocks 2 and 3*—Describe in Block 2 the position you held just before your present position, and continue to work backwards using Block 3.
- *Need for additional blocks*—If you need more experience blocks, use Standard Form 171-A, Continuation Sheet, or a plain piece of paper. If you use plain paper, each experience block must contain all of the information requested in Item 20 of the printed Statement. If there is not enough space in any of the experience blocks to describe the positions held, continue the description on a plain piece of paper. Identify each plain sheet at the top by showing your name, birth date, examination or position title, and the block under Item 20 from which the description is continued. Attach these supplemental sheets to the top of page 3 at place marked, "Attach Supplemental Sheets or Forms Here."
- *Description of duties, responsibilities, and accomplishments*—Describe each job briefly, including required skills and abilities. Include description of any specialties and special assignments; your authority and responsibility; your relationships to others; accomplishments; and any other factors which help describe the job.
- *General Information*—If supervision over other employees was one of your duties, be sure to indicate the number and kind (and grades, if Federal Government) of employees supervised by you, and explain your duties as a supervisor under description of duties.
- Indicate in each block of Item 20 the name under which you were employed if it was different from the name in Item 4 of this Statement. Show former name in parentheses after "Description of duties and accomplishments in your work."
- Use separate blocks if your duties, responsibilities, or salary level changed materially while working for the same employer. Treat each such change as a separate position.
- Include your military or merchant marine service in separate blocks in its proper order and describe major duty assignments.
- Experience acquired more than 15 years ago may be summarized in one block if it is not applicable to the type of position applied for.
- Account for periods of unemployment in separate blocks in order.
- Indicate estimated number of hours worked per week in the space provided if you were on part-time work.

- Section 3311 of title 5, United States Code, provides that in examinations in which experience is a factor, credit will be granted for previous military, naval, air, civil, or foreign service, and organizational activity which you have performed either with or without compensation. You may, if you wish, report such experience at the end of your employment history if you feel that it represents qualifying experience for the position(s) for which you are applying. Show actual time spent in such activity.

ITEMS 27 AND 28. MEMBERSHIP IN ORGANIZATIONS

- Answer these questions carefully. Admitted past membership and participation in an organization of the type to which this question refers does not by itself disqualify you for Government employment. Consideration will be given to the nature of the organization, the extent of your participation, and any other relevant facts and circumstances.

ITEMS 34 AND 35. RELATIVES EMPLOYED BY THE UNITED STATES GOVERNMENT

- A Federal official (civilian or military) may not appoint any of his relatives or recommend them for appointment in his agency, and a relative who is appointed in violation of this restriction can not be paid. Thus it is necessary to have information about your relatives who are working for the Government. In listing relative(s) in answer to question 34 include: father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.
- Question 35 is needed because of restrictions in making a career or career-conditional appointment in the competitive service when a person is not entitled to veteran preference and two or more members of his family are already serving in the competitive service under a career or career-conditional appointment.

CERTIFICATION

- Be careful that you have answered all questions on your Statement correctly and considered all statements fully so that your eligibility can be decided on all the facts. Read the certification carefully before you sign and date your Statement.
- Sign your name in ink.
- Use one given name, initial or initials, and surname.

PLEASE BE SURE TO READ ATTACHED INSTRUCTIONS BEFORE COMPLETING ITEM 20

20. EXPERIENCE <i>(Start with your PRESENT position and work back! Account for periods of unemployment.)</i>						
May inquiry be made of your present employer regarding your character, qualifications, and record of employment?						<input type="checkbox"/> Yes <input type="checkbox"/> No
1	Dates of employment (month, year) From _____ To PRESENT TIME			Exact title of position		If Federal service, civilian or military grade
	Salary or earnings Starting \$ _____ per _____ Present \$ _____ per _____		Avg. hrs. per week	Place of employment City: _____ State: _____	Number and kind of employees supervised	Kind of business or organization <i>(manufacturing, accounting, insurance, etc.)</i>
Name of immediate supervisor			Name of employer (firm, organization, etc.) and address (including ZIP Code, if known)			
Area Code and phone No. if known						
Reason for wanting to leave						
Description of duties, responsibilities, and accomplishments						
						For agency use (skill codes, etc.)
2	Dates of employment (month, year) From _____ To _____			Exact title of position		If Federal service, civilian or military grade
	Salary or earnings Starting \$ _____ per _____ Final \$ _____ per _____		Avg. hrs. per week	Place of employment City: _____ State: _____	Number and kind of employees supervised	Kind of business or organization <i>(manufacturing, accounting, insurance, etc.)</i>
Name of immediate supervisor			Name of employer (firm, organization, etc.) and address (including ZIP Code, if known)			
Area Code and phone No. if known						
Reason for leaving						
Description of duties, responsibilities, and accomplishments						
						For agency use (skill codes, etc.)
3	Dates of employment (month, year) From _____ To _____			Exact title of position		If Federal service, civilian or military grade
	Salary or earnings Starting \$ _____ per _____ Final \$ _____ per _____		Avg. hrs. per week	Place of employment City: _____ State: _____	Number and kind of employees supervised	Kind of business or organization <i>(manufacturing, accounting, insurance, etc.)</i>
Name of immediate supervisor			Name of employer (firm, organization, etc.) and address (including ZIP Code, if known)			
Area Code and phone No. if known						
Reason for leaving						
Description of duties, responsibilities, and accomplishments						
						For agency use (skill codes, etc.)

STANDARD FORM 171

Approved For Release 2003/04/27 : CIA-RDP81-00261R000500060035-7

Office of Management and Budget
Approved 50-RO387

PERSONAL QUALIFICATIONS STATEMENT

1A. Kind of position (job) you are filing for (or title of announcement)		B. Announcement No.					
C. Options for which you wish to be considered (if listed in announcement)							
D. Primary place(s) you wish to be employed							
2. Home phone (including Area Code)		3. Office phone (including Area Code)					
4. Name (Last) (First) (Middle) (Maiden, if any) <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. and Address (Number, Street, City, State and ZIP Code)							
5. Legal or voting residence (State)							
6. Height without shoes ____ Feet ____ Inches		7. Weight					
8. Birthplace (City and State, or foreign country)							
9. Birth date (Month, day, year)		10. Social Security Account Number					
11. If you have ever been employed by the Federal Government as a civilian, give your last classification series, grade, and job title. Dates of service in that grade From _____ To _____							
12. If you are currently on a list of eligibles for appointment to a Federal position, give the name of the announcement, the name of the office maintaining the list, the date on your notice of rating, and your rating.							
13. Lowest pay or grade you will accept		14. When will you be available?					
<table border="1"> <tr> <th>PAY</th> <th>GRADE</th> </tr> <tr> <td>\$ _____ per</td> <td>OR _____</td> </tr> </table>		PAY	GRADE	\$ _____ per	OR _____		
PAY	GRADE						
\$ _____ per	OR _____						

DO NOT WRITE IN THIS BLOCK FOR USE OF EXAMINING OFFICE ONLY				
<input type="checkbox"/> Appor. <input type="checkbox"/> Nonappor.		Material <input type="checkbox"/> Submitted <input type="checkbox"/> Returned		Entered Register:
Notations:				
Form Reviewed:				
Form Approved:				
Option	Grade	Earned Rating	Preference	Aug. Rating
			<input type="checkbox"/> 5 points (Tent.)	
			<input type="checkbox"/> 10 Points Comp. Dis.	
			<input type="checkbox"/> Other 10 Points	
			<input type="checkbox"/> Disal.	
			<input type="checkbox"/> Being Investigated	
Initials and Date				
THIS SPACE FOR USE OF APPOINTING OFFICER ONLY Preference has been verified through proof that the separation was under honorable conditions, and other proof as required. <input type="checkbox"/> 5-Pt. <input type="checkbox"/> 10-Pt. Comp. Disab. <input type="checkbox"/> 10-Pt. Other				
Signature and Title				
Agency				Date
<input type="checkbox"/> Refer for medical action				

15. Will you accept temporary employment for:		16. Where will you accept a job?		17. Will you accept less than full time work?		18. Are you willing to travel? (Check one)	
(Acceptance or refusal of temporary employment will not affect your consideration for other appointments.) ____ 1 month or less? ____ 1 to 4 months? ____ 4 to 12 months?		YES NO ____ Washington, D.C. ____ Any place in the United States. ____ Outside of the United States. ____ Only in (specify):		YES NO ____ Yes <input type="checkbox"/> No <input type="checkbox"/>		NO SOME OFTEN ____ Yes <input type="checkbox"/> No <input type="checkbox"/>	
19. VETERAN PREFERENCE. Answer all parts. If a part does not apply to you, answer "No."							
A. Have you ever served on active duty in the United States military service? (Exclude tours of active duty for training as a reservist or Guardsman.)							
B. Have you ever been discharged from the armed services under other than honorable conditions? (You may omit any such discharge changed to honorable by a Discharge Review Board or similar authority.)							
If "Yes," give details in Item 37.							
C. Do you claim 5-point preference based on active duty in the armed forces?							
If "Yes," you will be required to furnish records to support your claim at the time you are appointed.							
D. Do you claim 10-point preference?							
If "Yes," check type of preference claimed and complete and attach Standard Form 15. "Claim for 10-point Veteran Preference," together with the proof called for in that form							
TYPE: <input type="checkbox"/> Compensable disability <input type="checkbox"/> Disability <input type="checkbox"/> Wife <input type="checkbox"/> Widow <input type="checkbox"/> Mother							
E. List Dates, Branch, and Serial or Service Number of All Active Service (Enter "N/A" if not applicable)							
From		To		Branch of Service		Serial or Service Number	

Approved For Release 2003/04/27 : CIA-RDP81-00261R000500060035-7

ATTACH SUPPLEMENTAL SHEETS OR FORMS HERE
• ANSWER ALL QUESTIONS CORRECTLY AND FULLY

21. A. Special qualifications and skills (<i>skills with machines; patents or inventions; your most important publications (do not submit copies unless requested); your public speaking and publications experience; membership in professional or scientific societies; etc.</i>)					
B. Kind of License or Certificate (<i>For example, pilot, registered nurse, lawyer, radio operator, C.P.A., etc.</i>)	C. State or other licensing authority	D. Year of first license or certificate	E. Year of latest license or certificate	F. Approximate number of words per minute: Typing Shorthand	

22. A. Did you graduate from high school, or will you graduate within the next nine months? <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">YES</td> <td style="width: 20%;">MONTH/YEAR</td> <td style="width: 10%;">NO</td> <td style="width: 20%;">HIGHEST GRADE COMPLETED</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>				YES	MONTH/YEAR	NO	HIGHEST GRADE COMPLETED					B. Name and location (<i>city and State</i>) of last high school attended					
YES	MONTH/YEAR	NO	HIGHEST GRADE COMPLETED														
C. Name and location (<i>city, State, and ZIP Code if known</i>) of college or university, (<i>If you expect to graduate within 9 months, give MONTH and year you expect degree.</i>)				Dates attended From To		Years Completed Day Night		No. of credits compl. Semester hours Quarter hours		Type of degree (<i>B.A., etc.</i>)	Year of degree						
D. Chief undergraduate college subjects				No. of credits compl. Semester hours Quarter hours		E. Chief graduate college subjects				No. of credits compl. Semester hours Quarter hours							
F. Major field of study at highest level of college work																	
G. Other schools or training (<i>for example, trade, vocational, armed forces, or business</i>). Give for each the name and location (<i>city, State, and ZIP Code if known</i>) of school, dates attended, subjects studied, number of classroom hours of instruction per week, certificates, and any other pertinent data.																	

23. HONORS, AWARDS, AND FELLOWSHIPS RECEIVED	24. LANGUAGES OTHER THAN ENGLISH List the languages and indicate your knowledge of each by placing "X" in proper columns														
				Reading			Speaking			Understanding			Writing		
	Excl	Good	Fair	Excl	Good	Fair	Excl	Good	Fair	Excl	Good	Fair	Excl	Good	Fair

25. REFERENCES. List three persons who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 20, EXPERIENCE.		
FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (<i>Number, Street, City, State and ZIP Code</i>)	BUSINESS OR OCCUPATION

ANSWER ITEMS 26 THROUGH 36 BY PLACING AN "X" IN THE PROPER COLUMN		Yes	No
26. Are you a citizen of the United States? If "No," give country of which you are a citizen:			
Before answering these questions read Items 27 and 28 in the attached instructions.			
Are you now, or within the last ten years have you been, a member of:			
27. The Communist Party, U.S.A., or any subdivision of the Communist Party, U.S.A.?			
28. An organization that to your present knowledge seeks the overthrow of the constitutional form of government of the United States by force or violence or other unlawful means?			
If your answer to Item 27 or 28 is "Yes," write your answers to the following questions in Item 37 or on a separate piece of paper: (A) The name of the organization? (B) The dates of your membership? (C) Your understanding of the aims and purposes of the organization at the time of your membership?			
29. To insure that you are not placed in a position which might impair your health, or which might be a hazard to you or to others, we need information about the following: Do you have, or have you had, heart disease, a nervous breakdown, epilepsy, tuberculosis, or diabetes? If your answer is "Yes," concerning any one of these, identify which one(s) and give details in Item 37.			
30. Within the last five years have you been fired from any job for any reason?			
31. Within the last five years have you quit a job after being notified that you would be fired? If your answer to 30 or 31 above is "Yes," give details in Item 37. Show the name and address (including ZIP Code) of employer, approximate date, and reasons in each case. This information should agree with your answers in Item 20, EXPERIENCE.			
32. Have you ever been convicted of an offense against the law or forfeited collateral, or are you now under charges for any offense against the law? (You may omit: (1) traffic violations for which you paid a fine of \$30.00 or less; and (2) any offense committed before your 21st birthday which was finally adjudicated in a juvenile court or under a Youth Offender law.)			
33. While in the military service were you ever convicted by general court-martial? If your answer to 32 or 33 is "Yes," give details in Item 37. Show for each offense: (1) date; (2) charge; (3) place; (4) court; and (5) action taken.			
34. Does the United States Government employ in a civilian capacity or as a member of the Armed Forces any relative of yours (by blood or marriage)? (See Items 34 and 35 in the attached instruction sheet.)			
35. Do you live with, or within the past 12 months have you lived with, any of these relatives who are employed in a civilian capacity? If your answer to 34 is "Yes," give in Item 37 for such relatives: (1) full name; (2) present address (including ZIP Code); (3) relationship; (4) department, agency, or branch of the Armed Forces. If your answer to 35 is "Yes," also give the kind of appointment held by the relative(s) you live with or have lived with within the past 12 months.			
36. Do you receive or do you have a pending application for retirement or retainer pay, pension, or other compensation based upon military, Federal civilian, or District of Columbia Government service? If your answer is "Yes" give details in Item 37.			

Your Statement cannot be processed until you have answered all questions, including Items 26 through 36 above. Be sure you have placed an "X" to the left of EVERY marker (◀) above, either in the "Yes" or the "No" column.

[illegible]

If more space is required, use full sheets of paper approximately the same size as this page. Write on EACH sheet your name, birth date, and *announcement or position* title. Attach all sheets to this Statement at the top of Page 3.

ATTENTION — THIS STATEMENT MUST BE SIGNED

Read the following paragraph carefully before signing this Statement

A false answer to any question in this Statement may be grounds for not employing you, or for dismissing you after you begin work, and may be punishable by fine or imprisonment (U.S. Code, Title 18, Sec. 1001). All statements are subject to investigation, including a check of your fingerprints, police records, and former employers. All the information you give will be considered in reviewing your Statement and is subject to investigation. A false answer to Items 27 or 28 could deprive you of your right to an annuity when you reach retirement age in addition to the penalties described above.

<p>CERTIFICATION</p> <p>I CERTIFY that all of the statements made in this Statement are true, complete, and correct to the best of my knowledge and belief, and Approved For Release 2003/01/27 : CIA-RDP81-00261R000500060035-7</p>		<p>SIGNATURE (<i>Sign in ink</i>)</p>	<p>DATE SIGNED</p>
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INSTRUCTIONS TO APPLICANTS WHO COMPLETE FEDERAL APPLICATION
FORMS THAT CONTAIN QUESTIONS ABOUT LOYALTY
Approved For Release 2003/01/27 : CIA-RDP81-00261R000500060035-7

Effective November 12, 1973, questions 27 and 28 about loyalty on Standard Form 171, Personal Qualifications Statement, have been replaced by the following questions:

27. Are you now a member of the Communist Party, U.S.A., or any subdivision of the Communist Party, U.S.A.?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

28.(a) Are you now, or within the last ten years have you been, a member of any organization, or group of persons, including but not limited to the Communist Party, U.S.A., or any subdivision of the Communist Party, U.S.A., which during the period of your membership you knew was advocating or teaching that the government of the United States or any political subdivision thereof should be overthrown or overturned by force, violence, or any unlawful means?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

28.(b) If your answer to (a) is in the affirmative, did you, during the period of such membership, have the specific intent to further the aims of such organization or group of persons to overthrow or overturn the government of the United States or any state or any political subdivision thereof by force, violence, or any unlawful means?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

28.(c) If your answer to 27 or 28(a) above is in the affirmative state the names of such organizations and the dates of your membership in each in item 37 or other space provided for detailed answers.

(See
below)

The above questions also replace the questions about loyalty on all other Federal application forms over which the Civil Service Commission has jurisdiction.

Until new forms are available, you will be given Standard Form 171, or other application forms over which the Civil Service Commission has jurisdiction, and which contain the old questions about loyalty. When filling out one of these forms strike the loyalty questions (put lines through them) and use the answer spaces above to answer questions 27, 28(a) and 28(b) above. The answer to question 28(c), if any, should be written in the item 37 space or in other space provided for detailed answers on the SF 171.

See signature provision on reverse side of this form.

(Attach and file this form with an applicant's SF 171)

GC 51

October 1973

ATTENTION -- THIS STATEMENT MUST BE SIGNED

Read the following carefully before signing this statement
Approved For Release 2003/01/27 : CIA-RDP81-00261R000500060035-7

A false answer to any question on this form may be grounds for not employing you, or for dismissing you after you begin work, and may be punishable by fine or imprisonment (U.S. Code, Title 18, Sec. 1001). All statements are subject to investigation, including a check of your fingerprints, police records, and former employers. All the information you give will be considered in reviewing your Statement and is subject to investigation. A false answer to Items 27 and 28 could deprive you of your right to an annuity when you reach retirement age in addition to the penalties described above.

CERTIFICATION

I CERTIFY that all of the statements made in this Statement are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

SIGNATURE (Sign in ink)

DATE SIGNED

Information Regarding Disclosure of Your Social
Security Number Under Public Law 93-579 Section 7 (b)

Disclosure by you of your social security number (SSN) is mandatory to obtain the services, benefits or processes that you are seeking. Solicitation of the SSN by the United States Civil Service Commission is authorized under provisions of Executive Order 9397, dated November 22, 1943. The SSN is used as an identifier throughout your Federal career from the time of application through retirement. It will be used primarily to identify your records that you file with the Civil Service Commission or agencies. The SSN also will be used by the Civil Service Commission and other Federal agencies in connection with lawful requests for information about you from your former employers, educational institutions, and financial or other organizations. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems of records. The SSN also will be used for the selection of persons to be included in statistical studies of personnel management matters. The use of the SSN is made necessary because of the large number of present and former Federal employees and applicants who have identical names and birth dates, and whose identities can only be distinguished by the SSN.

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